

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
*(FOR USE WITH FORM PTO-875)*

SERIAL NO.

09808677

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
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46						
47						
48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.	30					
TOTAL CLAIMS	33					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS